

Parent Information for Reevaluation

Student's Name _____ School _____ Date _____

Parent/Guardian Name _____ Form Completed by _____

1. Has your child had any serious medical or psychological problems that have occurred during the last three years? ☐ Yes ☐ No If yes, please explain. _____

2. Is your child currently taking any prescribed medication? ☐ Yes ☐ No If yes, please describe the medication and the condition for which it was prescribed. _____

3. Have there been any significant changes in your home or family relationships during the last three years? ☐ Yes ☐ No If yes, please describe. _____

4. Have there been any recent changes in your child's behavior or school performance? ☐ Yes ☐ No If yes, please describe. _____

5. Describe any current concerns that you have about your child and his/her educational program. _____

6. Is there any additional information about your child that you think the professional staff involved in the three-year reevaluation needs to know? If so, please describe. _____

7. Have you seen improvement in your child's academic performance during the past 3 years?
☐ Yes ☐ No Please describe. _____

8. Have you seen improvement in your child's speech and language during the past 3 years?
☐ Yes ☐ No Please describe. _____

9. Do you have any suggestions for improving the special education services being provided to your child? ☐ Yes ☐ No If so, please describe. _____

10. What are the goals you have for your child? _____

Parent/Primary Care Giver Signature _____

Date _____

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT BE HELPFUL IN MEETING THIS STUDENT'S EDUCATIONAL NEEDS